INSTRUCTIONS FOR STATE CONTROLLER'S PFA TRANSACTION REQUEST

A Plan of Financial Adjustment (PFA) allows a state agency to initially process expenditures through one of its primary funds and/or appropriations. Transfers of the expenditures are typically done monthly to the appropriate or ultimate funds and/or appropriations (secondary or special funds and/or appropriations). This process is authorized by Government Code (GC) sections 11251 and 16365 (Federal Trust Fund). A PFA eliminates the unnecessary use of multiple claim schedules for an invoice that is payable from more than one fund and/or appropriations. As stated in State Administrative Manual (SAM) section 8452, a PFA is not intended to be a means of providing working capital advances or of overcoming cash flow problems, nor are they to be used to distort interest earnings between funds. The following numbers correspond with the sample Transaction Request:

- 1. Page: If multiple pages involved, please note here.
- 2. Agency: Enter name of state agency submitting transaction.
- 3. Address: Enter address of state agency submitting transaction.
- 4. Agency Document Number: Assign a document number for agency tracking.
- 5. Appropriation Data:
 - Fund: Four (4) or seven (7) digit fund number
 - AGY: Agency Org number
 - FY: Fiscal Year
 - Ref/Item: Reference
 - Category or Program
 - ELE: Element
 - COMP: Component
 - TASK: Task
 - ACCT: Revenue/Object Code

http://www.sco.ca.gov/ard_state _accounting.html

All accounts in TR should be listed in current approved PFA Letter. Account coding should be valid in current SCO Fiscal System.

If special appropriation is a budget act item, FY should be the same year as primary appropriation, except when encumbrance and reversion date has been extended due to reappropriation or provision etc.

- 6. Amount: Enter the amount of your request. Please make sure to input amount in the proper decimal point position. Make sure there is sufficient appropriation authority and cash before submitting the PFA to prevent non-sufficient fund.
- 7. D/C Column: Enter whether this is a DEBIT (D) or a CREDIT (C). See chart below for guidelines.
- 8. "A" Column: Enter the appropriate account type. See chart below for guidelines.

COLUMN 7		COLUMN 8	
Increase	Decrease	Account Types	Account Description
Credit	Debit	D	Disbursing
Debit	Credit	F	Reimbursement or payable
Credit	Debit	R	Revenue

- 9. Source Fund: If account is a reimbursement or payable, you must enter the four (4) or seven (7) digit source fund.
- 10 Description: The description field consists of 25 spaces. DO NOT input past the SOLID black line.

 DO NOT USE ANY SPECIAL SYMBOLS IN THIS FIELD, i.e. # ,: '; . () Format: PFA month year Actual/Estimate.

 One PFA for each month per SAM section 8452.1
- 11 Chapter Number/Year/Item: Enter chapter number/year/item that authorizes transaction, or any applicable legal authority.
- 12 **Program Description**: Enter program description as identified in the Budget Act Item or Special Legislation Section code.
- 13 Type of Transaction: Enter Plan of Financial Adjustment
- 14 This is full disclaimer. Any deleted or partial deleted disclaimer won't be accepted by the SCO.

- 15 If your PFA letter includes Federal Fund, please input both GC code 11251& 16365; if it doesn't include Federal Fund, please input only GC code 11251. GC code should match with current PFA letter approved by the SCO.
- 16. SCO approval date in PFA approved letter.
- 17. Please input the month and year as item 10.
- 18 If there is credit back to special appropriation, please describe the reason such as credit back to program 10 due to abatement / payroll adjustment etc. Please attach Q-22 for Calstar agencies. For other agencies, please provide supporting document for the credit.
- 19 Authorized Signature: This represents the person certifying the correctness of the document. Please use blue ink for signature.
- 20 Contact Person: Name of person to be contacted if questions need to be answered.
- 21. Phone Number: Current phone number of contact person.
- 22 Email: Current Email of contact person.
- 23 Date: Date the transaction request is completed to submit to SCO.

